



Vaccine Transfer Form

For State Supplied Vaccines Only

Transferring Provider _____ Pin # _____

Contact Person _____ Phone # _____

Fax # _____

Receiving Provider _____ Pin # _____

Contact Person _____ Phone # _____

Fax # _____

I would like to request permission to transfer the following vaccines:

Vaccine	# of Doses	Lot #	Expiration Date
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Reason for Transfer (circle one)

Requested by Receiver

Short Dated

Over Stocked

Other : _____

Please fax to (907) 341-2228 for approval. Once it has been approved both providers will receive a copy via fax. The vaccine transfer can now be made (be sure to maintain the cold chain during transfer).

Approval Signature

Date

Date entered _____